

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 17081	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Ray Cobb P O Box Bldg Room No if any Street 900 Seventh Street NW City Washington State District of Columbia ZIP Code + 4 20001	4 Name file number and address of labor organization Name I B E W Labor Organization File Number 000 116 P O Box Building and Room Number if any Street 900 Seventh Street NW City Washington State District of Columbia ZIP Code + 4 20001
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Ray Cobb</u>	On <u>8/12/2005</u> Date	<u>202/728/6016</u> Telephone Number

Name of Person Filing Ray Cobb	File Number U
--------------------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Bauer & Baebler PC Trade Name if any P O Box Bldg Room No if any Street 1010 Market Street Suite 350 City St Louis State Missouri ZIP Code + 4 63101	14 a Nature of payment. Holiday Ham
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$83

Name of Person Filing Ray Cobb	File Number U
--------------------------------	---------------

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Jones & Granger Trade Name if any P O Box Bldg Room No if any P O Box 4340 Street City Houston State Texas ZIP Code + 4 77210	14 a Nature of payment. Holiday Ham
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$61

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name C Marshall Friedman Trade Name if any A Professional Corporation P O Box Bldg Room No if any Street 1010 Market Street City St Louis State Missouri ZIP Code + 4 63101	14 a Nature of payment. Holiday Ham
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.